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CONFIRMATION NO. 4819

SERIAL NUMBER 10/828,383	FILING OR 371(c) DATE 04/20/2004 RULE	CLASS 235	GROUP ART UNIT 2876	ATTORNEY DOCKET NO. C4-1197
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APPLICANTS

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** CONTINUING DATA ***** *Yes Kot*

This appln claims benefit of 60/474,376 05/30/2003

** FOREIGN APPLICATIONS ***** *None. not*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

06/29/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	FL	2	20	4
Verified and Acknowledged	<i>[Signature]</i> Examiner's Signature	<i>[Initials]</i>			

ADDRESS

26799

TITLE

People counting system for facility-wide reporting

FILING FEE RECEIVED 1106	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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